

Commonwealth Care Frequently Asked Questions

What is Commonwealth Care?

The Commonwealth Care Health Insurance Program (Commonwealth Care) is a program run by the Commonwealth Health Insurance Connector Authority (the Connector). This program connects eligible Massachusetts residents with approved health insurance plans and helps them pay for the plans.

The Connector helps Commonwealth Care members join a health plan and find providers that meet their needs. A health plan works together with a certain group of providers, hospitals, and other health care professionals to provide specific health-care services.

Commonwealth Care pays the total cost of health insurance for qualified individuals who have income at or below the federal poverty level and helps pay for the cost of insurance for other qualified individuals.

Who is eligible?

You would be an eligible individual for Commonwealth Care if:

- your family's income before taxes is at or below 300% of the federal poverty level (see attached FPL chart);
- you are uninsured (see definition below);
- you are a U.S. citizen/national, qualified alien, or alien with special status; and
- you are aged 19 or older (eligible persons under age 19 receive benefits through MassHealth).

What is the federal poverty level (FPL)?

Every year the federal government issues income guidelines called federal poverty levels. These levels are used to determine who is financially eligible for many programs, including Commonwealth Care. See the attached FPL chart.

What does it mean to be uninsured?

Uninsured means that you do not already have insurance coverage that covers doctor's visits and hospitalization. Commonwealth Care is a program for individuals who are uninsured. Individuals are **NOT** eligible to participate in Commonwealth Care if:

- during the last six months, the individual or a family member was working for an employer who provided health-insurance coverage (if the employer's insurance plan covers at least 20% of the annual premium costs for a family plan or at least 33% of an individual plan); or,
- the individual accepted a financial incentive from their employer to not take the employer's insurance plan.

What does it mean to be a qualified alien or alien with special status?

These are terms used for documented immigrants, also called legal immigrants. Please see the MassHealth member booklet for detailed information about these immigration definitions.

When will Commonwealth Care be available?

Commonwealth Care will begin to be available October 1, 2006, and will be phased in over several months.

Starting October 1, 2006, new applicants who meet the requirements of Commonwealth Care and who have family income **at or below 100%** of the federal poverty level (FPL) will get approved for the program.

From October 2006 through January 2007, eligible individuals with family income **at or below 100%** of the FPL who have already been approved to receive services from the Uncompensated Care Pool (“Free Care”) will start getting approval letters for Commonwealth Care based on information they provided when they applied for UCP. **These individuals do not have to file another application to get Commonwealth Care.**

The Connector plans to be able to enroll individuals with family income that is more than 100% of the FPL and at or below 300% of the FPL beginning January 2007. See the attached FPL chart.

How do I apply for Commonwealth Care?

There is one application that is used for Commonwealth Care, MassHealth, the Uncompensated Care Pool (“Free Care”), and certain other health programs. Although Commonwealth Care is not MassHealth, MassHealth will process all applications.

Many community-based organizations, hospitals, and community health centers can help you apply for health benefits, including Commonwealth Care, through the Virtual Gateway. The Virtual Gateway is a way to apply by computer with assistance from staff at participating locations.

You can also apply by filling out and sending in a Medical Benefit Request (MBR). This is a paper application. The mail-in address appears on the application.

Starting October 2, 2006, you can call a Commonwealth Care Customer Service Representative at 1-877-MA-ENROLL (1-877-623-6765) (TTY: 1-877-623-7773 for people with partial or total hearing loss) for information about places that can help you apply through the Virtual Gateway or to get a paper application mailed to you. You can call Commonwealth Care from 8:00 A.M. to 5:00 P.M., Monday through Friday.

Eligible applicants with income at or below the federal poverty level (FPL) will be approved for Commonwealth Care starting October 1, 2006. Approvals for people with family income that is more than 100% of the FPL and at or below 300% of the FPL will start in January 2007.

Because the program is being phased in, what should I do if I need medical services while I'm waiting to be able to get Commonwealth Care?

You will continue to be able to get care from the Uncompensated Care Pool for services provided by the Pool. However, it is important to look out for and respond to any mailings from the Connector or MassHealth.

Why would I get letters from MassHealth?

Commonwealth Care is not MassHealth, but MassHealth helps the Connector determine who is eligible for the Commonwealth Care program. This is why letters about your eligibility will come from MassHealth. It is important for you to respond to any requests for information from MassHealth.

What letters will I get from the Connector?

After you get approved for Commonwealth Care, the Connector will send you all the information you need to choose a health plan and information about your Commonwealth Care benefits. Once you choose a health plan, you will get information from your chosen or assigned health plan.

What does Commonwealth Care Health Insurance cover?

Eligible individuals with income at or below the federal poverty level (FPL) will be enrolled in Commonwealth Care health plans that cover:

- inpatient services;
- outpatient services and preventive care;
- prescription drugs;
- inpatient and outpatient mental health and substance abuse services;
- dental care, including preventive and restorative services; and
- vision care.

We plan to be able to enroll individuals with income that is more than 100% of the FPL and at or below 300% of the FPL in Commonwealth Care beginning January 2007. More information about covered services for this income group will be available in the coming weeks.

How do I enroll in a health plan?

Individuals who receive an approval notice for Commonwealth Care will get an enrollment packet from the Connector. To enroll in a health plan:

1. Read about health plans in the Commonwealth Care enrollment packet you receive.
2. Choose a health plan.
3. Choose a primary care provider.

4. Call a Commonwealth Care Customer Service Representative and tell the person that you want to enroll in a health plan. Starting October 2, 2006, you can call Commonwealth Care from 8:00 A.M. to 5:00 P.M., Monday through Friday, at 1-877-MA-ENROLL (1-877-623-6765) (TTY: 1-877-623-7773 for people with partial or total hearing loss). The call is free. **Or**, fill out the form that comes with the Commonwealth Care enrollment packet and mail it in the enclosed envelope. You do not need to pay for a stamp.

What are the health plan options?

The four health plans that work with Commonwealth Care are:

- Fallon Community Health Plan
- Network Health
- Neighborhood Health Plan
- Boston Medical Center HealthNet Plan

Not all health plans may be available where you live. The Commonwealth Care enrollment guide, included in the enrollment packet, will provide information about the health plans available in your area.

What if I don't choose a health plan?

It is important to enroll in a health plan that **you choose**. By making this choice, you will be able to pick a health plan and providers that meet your needs.

If you are at or below 100% of the federal poverty level (FPL) and you do not choose a plan within 14 days after the enrollment packet is mailed, the Connector will assign a Commonwealth Care health plan for you. However, if you are assigned to a plan, you can call Commonwealth Care Customer Service to change plans within 60 days from the date you were enrolled.

We plan to be able to enroll individuals with income that is more than 100% of the FPL and at or below 300% of the FPL in Commonwealth Care beginning January 2007. More information about choosing a health plan for this income group will be available in the coming weeks.

Can I change my health plan?

After your health plan has been chosen and your enrollment starts, you will have 60 days to change your health plan if you feel a different health plan may better meet your needs. After the 60-day period has passed, you may only change your health plan for the following reasons:

- you move and your new address is outside of your health plan's service area;
- you demonstrate to the Connector that your health plan has not provided you with access to health-care providers that meet your health-care needs over time, even after you have asked the health plan for help; or
- your primary care provider is no longer part of the health plan you enrolled in or there is a significant change in the health plan's group of providers.

You can call a Commonwealth Care Customer Service Representative to ask to change your health plan for any of these reasons. Starting October 2, 2006, you can call Commonwealth Care from 8:00 A.M. to 5:00 P.M., Monday through Friday, at 1-877-MA-ENROLL (1-877-623-6765) (TTY: 1-877-623-7773 for people with partial or total hearing loss).

There will also be an annual open enrollment period for Commonwealth Care that the Connector will tell you about in the future. During this open enrollment period, you will have the chance to choose another health plan for any reason. During this time, you will get information about all of your available health-plan choices and you can select a new health plan or stay enrolled in the health plan you choose when you first enrolled in Commonwealth Care.

When does the health plan coverage start?

If your income is at or below 100% of the federal poverty level (FPL):

In most cases, your health-plan coverage will start on the first day of the month following your health-plan selection. For example, if you select a plan on October 12, the effective date of your coverage would be November 1. However, if you choose your health plan on the last two days of each month, your enrollment may not start until the first day of the second month following your plan selection. For example, if you select a plan on October 31, the effective date of your coverage would be December 1. It is best to choose a health plan as soon as possible after you receive your Commonwealth Care enrollment packet.

If your income is more than 100% of the FPL and at or below 300% of the FPL:

More information will be available about the effective date of coverage for persons with income that is more than 100% of the FPL and at or below 300% of the FPL in the coming weeks.

What if I need medical services before the effective date of enrollment in my health plan?

If necessary, you will be able to use the Uncompensated Care Pool (UCP) until the effective date of your health-plan enrollment. On the date your Commonwealth Care health-plan enrollment starts, your health services will be provided by your health plan, not the UCP.

What if my doctor is not part of any of the plans that are offered?

Call a Commonwealth Care Customer Service Representative to get help finding a new doctor in your area.

What do I have to pay to get Commonwealth Care coverage?

The exact amount an individual will be responsible for depends on their household income. See federal poverty level (FPL) chart attached.

Individuals with income at or below 100% of the FPL:

Individuals with income that is at or below 100% of the FPL do not make monthly payments for their insurance. However, they will need to make copayments. A copayment is a fee that you will need to pay whenever you get certain Commonwealth Care benefits. For example, each time you get a pharmacy prescription filled, you would have to pay a small fee.

Copayment amounts for individuals in Commonwealth Care who have income at or below 100% of the FPL are: \$1 for generic drugs, \$3 for all other drugs, and \$3 if you use a hospital emergency department when it is not an emergency. The most you can be charged in copayments within a calendar year is \$200 for pharmacy services and \$36 for other services.

Individuals with income that is more than 100% of the FPL and at or below 300% of the FPL:

Individuals with income that is more than 100% of the FPL and at or below 300% of the FPL who enroll in Commonwealth Care will get help paying the cost the health plan they enroll in so that the coverage will be affordable. Individuals will be responsible for monthly payments, called an enrollee contribution, which is based on a sliding scale according to income.

Copayments will also be required, with certain limits. We plan to be able to enroll individuals at this income level in Commonwealth Care beginning January 2007. More information about enrollee contributions and copayments for this income group will be available in the coming weeks.

Federal Poverty Level (FPL) Charts for Commonwealth Care

Commonwealth Care will start for people with income that is at or below the federal poverty level (100% of the FPL) on October 1, 2006.

Your income is at or below 100% of the FPL if:

Family group size is	100 Percent of Federal Poverty Level	
	MONTHLY	ANNUALLY
1	\$817	\$9,804
2	\$1,100	\$13,200
3	\$1,384	\$16,608
4	\$1,667	\$20,004
5	\$1,950	\$23,400
6	\$2,234	\$26,808
7	\$2,517	\$30,204
8	\$2,800	\$33,600

and your monthly or annual income (before taxes) is this amount or less

Commonwealth Care enrollment for those with income that is more than 100% of the FPL and at or below 300% of the FPL is planned to start in January 2007.

Your income is more than 100% of the FPL and at or below 300% of the FPL if:

Family group size is	and your monthly or annual income (before taxes) is greater than			300 Percent of Federal Poverty Level	
	MONTHLY	ANNUALLY		MONTHLY	ANNUALLY
1	\$817	\$9,804	and is this amount or less	\$2,451	\$29,412
2	\$1,100	\$13,200		\$3,300	\$39,600
3	\$1,384	\$16,608		\$4,150	\$49,800
4	\$1,667	\$20,004		\$5,001	\$60,012
5	\$1,950	\$23,400		\$5,850	\$70,200
6	\$2,234	\$26,808		\$6,700	\$80,400
7	\$2,517	\$30,204		\$7,551	\$90,612
8	\$2,800	\$33,600		\$8,400	\$100,800

Note: The FPL amounts that are used to determine eligibility change every year on April 1.